



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Patty Jo Osborn Date: 12-20-22
Site Address: 139 Clearview Ct Sanford NC 27332 Phone: 808-398-9874
Subdivision: Buffalo Lakes Lot: _____
Description of Proposed Work: Addition

General Contractor Information

Creative Stone Contracting Inc. 910-491-1225
Building Contractor's Company Name Telephone
6253 Raeford Rd purchasing@creativestonenc.com
Address Fayetteville NC 28304 Email Address
86141 License #

Electrical Contractor Information

Description of Work Complete Rough In, Final Service Size: _____ Amps T-Pole: Yes No
SECS Electric Steven McLain
Electrical Contractor's Company Name Telephone
6630 Muskat Rd Hope Mills NC bigten.sm@gmail.com
Address 28348 Email Address
18002-L License #

Mechanical/HVAC Contractor Information

Description of Work Rough In & Final Ventilation
Cool Air Joseph Simpson
Mechanical Contractor's Company Name Telephone
3061 Ste 106 N Main St coolairnc@gmail.com
Address Hope Mills NC 28348 Email Address
30929 License #

Plumbing Contractor Information

Description of Work Rough In Sinks Toilets Final Master Suite
Earl Locklear # Baths 1
Plumbing Contractor's Company Name Telephone
3735 Carthage Rd handr28360@gmail.com
Address Lumberton NC 28360 Email Address
17505 License #

Insulation Contractor Information

James
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

12-20-22

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
- Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:

Date: 12-20-22